

**DEPARTMENT OF MEDICAL  
ASSISTANCE SERVICES**

**MANAGED CARE RESOURCE GUIDE**

**25. Covered Services**

<b>Medicaid Fee-For-Service (Including MEDALLION), Medallion II (Medicaid MCO), &amp; FAMIS MCO Covered Services</b>					
<b>Service</b>	<b>Medicaid FFS FAMIS Plus FAMIS MEDALLION</b>	<b>Medallion II MCO (Medicaid &amp; FAMIS Plus)</b>	<b>FAMIS MCO</b>	<b>Medicaid Medallion II Comments</b>	<b>FAMIS MCO Comments</b>
Abortions, induced	Covered <b>ONLY</b> in cases where there would be substantial danger to health or life of mother	No – see comments	No – see comments	<b>The MCO is not required to cover services for abortion.</b> Abortions and related services are covered and paid for by DMAS for FFS <u>and</u> MCO Medicaid and FAMIS Plus eligible individuals in accordance with DMAS guidelines.	<b>The MCO is not required to cover services for abortion.</b>
Case Management Services for Recipients of Auxiliary Grants	Yes	No – see comments	No	<b>The MCO is not required to cover this service.</b> This service is covered and paid for by DMAS for FFS <u>and</u> MCO Medicaid and FAMIS Plus eligible individuals in accordance with DMAS guidelines.	<b>The MCO is not required to cover this service.</b>
Case Management Services for the Elderly	Yes	No – see comments	No	<b>The MCO is not required to cover this service.</b> This service is covered and paid for by DMAS for FFS <u>and</u> MCO Medicaid and FAMIS Plus eligible individuals in accordance with DMAS guidelines.	<b>The MCO is not required to cover this service.</b>
Chiropractic Services	No	No	Yes – see comments	This service is not a Medicaid/FAMIS Plus covered service. <b>The MCO is not required to cover this service.</b>	The MCO shall provide \$500 per calendar year coverage of medically necessary spinal manipulation and outpatient chiropractic services rendered for the treatment of an illness or injury.
Christian Science Nurses and Christian Science Sanatoria	No	No	No	This service is not a Medicaid/FAMIS Plus covered service. <b>The MCO is not required to cover this service.</b>	<b>The MCO is not required to cover this service.</b>
Clinic Services	Yes	Yes	Yes	The MCO is required to cover all clinic services that are defined as preventative, diagnostic, therapeutic, rehabilitative, or palliative services, including renal dialysis clinic visits.	The MCO shall cover clinic services that are defined as preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are provided to outpatients and are provided by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. With the exception of nurse-midwife services, clinic services are furnished under the direction of a physician. Renal dialysis clinic visits are also covered.

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Colorectal Cancer Screening	Yes	Yes	No	The MCO shall cover colorectal cancer screening in accordance with the most recently published recommendations established by the American Cancer Society, for the ages, family histories and frequencies referenced in such recommendations.	<b>The MCO is not required to cover this service.</b>
Court Ordered Services	Yes	Yes	No – see comments	The MCO is required to cover all medically necessary court ordered Medallion II services.	<b>The MCO is not required to cover this service unless the service is both medically necessary and is a FAMIS covered service.</b>
Dental Services – <i>Routine dental care is covered under the Smiles For Children Dental Program for FFS and MCO enrollees.</i>	No except for in medically related circumstances – see comments.	No except for in medically related circumstances – see comments.	No except for in medically related circumstances – see comments.	<p>The Contractor is required to cover CPT codes billed by an MD as a result of an accident.</p> <p>The Contractor is required to cover CPT and other “non-CPT” procedure codes billed for medically necessary procedures of the mouth for adults and children.</p> <p>The Contractor is required to cover medically necessary anesthesia and hospitalization services for certain individuals when determined such services are required to provide dental care.</p>	<p>The Contractor is required to cover CPT codes billed by an MD as a result of an accident.</p> <p>The Contractor is required to cover CPT and other “non-CPT” procedure codes billed for medically necessary procedures of the mouth for adults and children.</p> <p>The Contractor is required to cover medically necessary anesthesia and hospitalization services for certain individuals when determined such services are required to provide dental care.</p> <p>Dental benefits are covered under Smiles for Children. For more information regarding SFC dental benefits, call 1-888-912-3456.</p>
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Yes	Yes	No – See “Well Baby and Well Child Care”	<p>The MCO is required to cover EPSDT screenings and diagnostic services as well as any and all services identified as necessary to correct or ameliorate any identified defects or chronic conditions. (Some services may require prior authorization).</p> <p>The Contractor is required to cover immunizations.</p> <p>The Contractor is required to educate providers regarding reimbursement of immunizations and to work with the Department to achieve its goal related to increased immunization rates.</p>	<b>The MCO is not required to cover this service. The MCO is required to cover well-baby and well child care services.</b>

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Early Intervention Services	Yes	No--see comments	No--see comments	<p>The Contractor is not required to provide coverage for early intervention (EI) services. EI services for children who are enrolled in a contracted MCO are covered by the Department within the Department's coverage criteria and guidelines. EI billing codes and coverage criteria are described in the Department's Early Intervention Program Manual, on the DMAS website at <a href="http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx">http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx</a>.</p> <p>The Contractor shall cover medically necessary rehabilitative and developmental therapies, when medically necessary, including for EI enrolled children where appropriate.</p>	<p>The Contractor is not required to provide coverage for early intervention (EI) services. EI services for children who are enrolled in a contracted MCO are covered by the Department within the Department's coverage criteria and guidelines. EI billing codes and coverage criteria are described in the Department's Early Intervention Program Manual, on the DMAS website at <a href="http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx">http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx</a>.</p> <p>The Contractor shall cover medically necessary rehabilitative and developmental therapies, when medically necessary, including for EI enrolled children where appropriate.</p>
Emergency Services	Yes	Yes	Yes	<p>The MCO is required to cover all emergency services without prior authorization. The MCO is also required to cover the services needed to ascertain whether an emergency exists. The MCO may not restrict an enrollee's choice of provider for emergency services.</p>	<p>The MCO shall provide for the reasonable reimbursement of services needed to ascertain whether an emergency exists in instances in which the clinical circumstances that existed at the time of the beneficiary's presentation to the emergency room indicate that an emergency may exist. The MCO shall ensure that all covered emergency services are available twenty-four (24) hours a day and seven (7) days a week.</p> <p>The MCO shall cover all emergency services provided by out-of-network providers. The MCO may not require prior authorization for emergency services. This applies to out-of-network as well as to in-network services that an enrollee seeks in an emergency. Enrollees who present to the emergency room shall pay the emergency room co-payment. If it is determined that the visit was a non-emergency, the hospital may bill the enrollee only for the difference between the emergency room and non-emergency co-payments, i.e. \$8.00 for &lt;150% and \$20.00 for &gt;150%. The hospital may not bill for additional charges.</p>

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Post-Stabilization Care following Emergency Services	Yes	Yes	Yes	The MCO must cover post-stabilization services subsequent to an emergency that a treating physician views as medically necessary AFTER an emergency medical condition has been stabilized.	The MCO must cover post-stabilization services subsequent to an emergency that a treating physician views as medically necessary AFTER an emergency medical condition has been stabilized. The MCO must cover the following services without requiring authorization, and regardless of whether the enrollee obtains the services within or outside the MCO's network.
Experimental and Investigational Procedures	No	No	No	<b>This service is not a Medicaid/FAMIS Plus covered service.</b>	<b>The MCO is not required to cover this service.</b>
Family Planning Services	Yes	Yes	Yes	<p>The MCO is required to cover all family planning services and supplies for individuals of child-bearing age which delay or prevent pregnancy, including drugs, supplies and devices.</p> <p>The MCO may not restrict an enrollee's choice of provider or choice of method for family planning services or supplies, and the MCO is required to cover all family planning services and supplies provided to its enrollees by network providers and by out-of-network providers.</p>	<p>The MCO shall cover all family planning services, which includes services, drugs and devices for individuals of childbearing age which delay or prevent pregnancy, but does not include services to treat infertility or to promote fertility. FAMIS covered services include drugs, supplies and devices provided under the supervision of a physician.</p> <p>The MCO may not restrict an enrollee's choice of provider or choice of method for family planning services or supplies, and the MCO is required to cover all family planning services and supplies provided to its enrollees by network providers.</p> <p><i>Code of Virginia § 54.1-2969 (D)</i>, as amended, states that minors are deemed adults for the purpose of consenting to medical services required in case of birth control, pregnancy or family planning, except for purposes of sexual sterilization.</p>
HIV Testing and Treatment Counseling	Yes	Yes	No	The Contractor is required to comply with the State requirements governing HIV testing and treatment counseling for pregnant women.	<b>The MCO is not required to cover this service.</b>

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Home Health Services	Yes	Yes	Yes	The MCO is required to cover home health services, including nursing services, rehabilitation therapies, and home health aide services. At least 32 home health aide visits shall be allowed. Skilled home health visits are limited based upon medical necessity.	The MCO shall cover home health services, including nursing and personal care services, home health aide services, PT, OT, speech, hearing and inhalation therapy up to 90 visits per calendar year. Personal care means assistance with walking, taking a bath, dressing; giving medicine; teaching self-help skills; and performing a few essential housekeeping tasks. The MCO is not required to cover the following home health services: medical social services, services that would not be paid for by FAMIS if provided to an inpatient of a hospital, community food service delivery arrangements, domestic or housekeeping services which are unrelated to patient care, custodial care which is patient care that primarily requires protective services rather than definitive medical and skilled nursing care services, and services related to cosmetic surgery.
Hospice Services	Yes	No – See comments	Yes	<b>The MCO is not required to cover this service.</b> Individuals who elect Hospice Benefits will be excluded from the Medallion II MCO program. This service will continue to be covered through the Medicaid fee-for-service system.	The MCO shall cover hospice care services to include a program of home and inpatient care provided directly by or under the direction of a licensed hospice. Hospice care programs include palliative and supportive physician, psychological, psychosocial, and other health services to individuals utilizing a medically directed interdisciplinary team. Hospice care services must be prescribed by a Provider licensed to do so, furnished and billed by a licensed hospice, and medically necessary. Hospice care services are available if the enrollee is diagnosed with a terminal illness with a life expectancy of six months or fewer. DMAS shall reimburse the MCO for claims for this service.
Immunizations	Yes	Yes	Yes	The MCO is required to cover immunizations.  The MCO is required to educate providers regarding reimbursement of immunizations and to work with the Department to achieve its goal related to increased immunization rates.	The MCO is required to cover immunizations. The MCO shall ensure that providers render immunizations, in accordance with the most current Advisory Committee on Immunization Practices (ACIP) Recommendations for children under age six (6). The MCO shall allow for an annual flu vaccine without limitations to age and without the requirement of meeting the CDC at risk guidelines.  <b>FAMIS eligible enrollees shall not qualify for the free Vaccines for Children Program.</b>

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Inpatient Hospital Services	Yes	Yes	Yes	<p>The MCO is required to cover inpatient stays in general acute care and rehabilitation hospitals for all enrollees.</p> <p>The MCO is required to comply with maternity length of stay requirements.</p> <p>MCO is required to comply with radical or modified radical mastectomy, total or partial mastectomy length of stay requirements.</p> <p>The MCO is required to cover an early discharge follow-up visit if the mother and newborn, or the newborn alone, are discharged earlier than 48 hours after the day of delivery.</p>	<p>The MCO is required to cover inpatient stays in general acute care and rehabilitation hospitals for all enrollees up to 365 days per confinement in a semi-private room or intensive care unit for the care of illness, injury, or pregnancy (includes medically necessary ancillary services).</p> <p>The Contractor shall cover alternative treatment plan for a patient who would otherwise require more expensive services, including, but not limited to, long-term inpatient care. The Contractor must approve in advance the alternative treatment plan.</p>
Laboratory and X-ray Services	Yes	Yes	Yes	The MCO is required to cover all laboratory and x-ray services directed and performed within the scope of the license of the practitioner.	The MCO is required to cover all laboratory and x-ray services ordered, prescribed and directed or performed within the scope of the license of a practitioner in appropriate settings, including physician office, hospital, independent and clinical reference labs. No co-pay shall be charged for laboratory or x-ray services that are performed as part of an encounter with a physician.
Lead Investigations	Yes	No – see comments	Yes	<b>The MCO is not required to cover this service.</b> This service is carved-out of the MCO contract and is covered and paid for through the Medicaid fee-for-service system in accordance with DMAS guidelines.	The MCO is required to cover blood lead testing as part of well baby, well childcare.
Mammograms	Yes	Yes	Yes	MCO is required to cover low-dose screening mammograms for determining presence of occult breast cancer.	MCO is required to cover low-dose screening mammograms for determining presence of occult breast cancer.
Medical Supplies and Equipment	Yes	Yes	Yes	The MCO is required to cover all medical supplies and equipment at least to the extent they are covered by Medicaid. The MCO is responsible for payment of any specially manufactured DME equipment that was prior authorized by the MCO.	The MCO shall cover durable medical equipment and other medically related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices). Durable medical equipment and prosthetic devices and eyeglasses are covered when medically necessary.
Nurse-Midwife Services	Yes	Yes	Yes	The MCO is required to cover nurse-midwife services as allowed under State licensure requirements and Federal law.	The Contractor is required to cover nurse-midwife services as allowed under State licensure requirements and Federal law.

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Organ Transplantation	Yes	Yes	Yes	For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Transplant services for kidneys, corneas, hearts, lungs, and livers (from living or cadaver donors) shall be covered for all eligible persons. High dose chemotherapy and bone marrow/stem cell transplantation shall be covered for all eligible persons with a diagnosis of lymphoma, breast cancer, leukemia, or myeloma when medically necessary. Transplant services for any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be limited to children (under 21 years of age). Standards for coverage of organ transplant services are in 12VAC30-50-540 through 12VAC30-50-580.	The MCO shall cover organ transplantation services as medically necessary for all eligible individuals, to include transplants of tissues, autologous, allogeneic or syngeneic bone marrow transplants or other forms of stem cell rescue for children with lymphoma and myeloma. The MCO shall cover kidney transplants for patients with dialysis dependent kidney failure, heart, liver, pancreas, and single lung transplants. The MCO is not required to cover transplant procedures determined to be experimental or investigational.
Outpatient Hospital Services	Yes	Yes	Yes	The MCO is required to cover preventive, diagnostic, therapeutic, rehabilitative or palliative outpatient services rendered by hospitals, rural health clinics, or federally qualified health centers. The MCO is required to cover limited oral surgery as defined under Medicare.	The MCO shall cover outpatient hospital services which are preventive, diagnostic, therapeutic, rehabilitative or palliative in nature that are furnished to outpatients, and are furnished by an institution that is licensed or formally approved as a hospital by an officially designated authority for State standard-setting. Observation bed services shall be covered when they are reasonable and necessary to evaluate a medical condition to determine appropriate level of treatment or non-routine observation for underlying medical complications. Outpatient services include emergency services, surgical services, and diagnostic and professional provider services. Facility charges are also covered.
Pap Smears	Yes	Yes	Yes	MCO is required to cover annual pap smears.	The MCO is required to cover annual pap smears.

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Physical Therapy, Occupational Therapy, Speech Pathology and Audiology Services	Yes	Yes	Yes	The Contractor is required to cover physical therapy, occupational therapy, and speech pathology and audiology services that are provided as an inpatient or outpatient hospital service or home health service. The Contractor's benefits shall include coverage for acute and non-acute conditions and shall be limited based upon medical necessity.	The MCO shall cover therapy services that are medically necessary to treat or promote recovery from an illness or injury, to include physical therapy, occupational therapy, speech therapy, occupational therapy, inhalation therapy, intravenous therapy. The MCO shall not be required to cover those services rendered by a school-based clinic.
Physician Services	Yes	Yes	Yes	The MCO is required to cover all symptomatic visits to physicians or physician extenders and routine physicals for children up to age twenty-one under EPSDT.	The MCO shall cover all symptomatic visits provided by physicians or physician extenders within the scope of their licenses. Cosmetic services are not covered unless performed for medically necessary physiological reasons. Physician services include services while admitted in the hospital, outpatient hospital departments, in a clinic setting, or in a physician's office.
Podiatry	Yes	Yes	Yes	The MCO is required to cover podiatry services including diagnostic, medical or surgical treatment of disease, injury, or defects of the human foot.	The MCO is not required to cover services for the scraping or removing corns or calluses and the trimming of nails.
Pregnancy-Related Services	Yes	Yes	Yes	The MCO is required to cover case management services for high risk pregnant women and children (up to age two).  The MCO is required to provide to qualified enrollees expanded prenatal care services, including patient education; nutritional assessment, counseling and follow-up; homemaker services; and blood glucose meters. The MCO is required to cover pregnancy-related and post-partum services for sixty- (60) days after pregnancy ends.	The MCO shall cover services to pregnant women, including prenatal services. For prenatal services, the co-pay applies to the first visit only.

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Private Duty Nursing	Not covered for Adults, Covered under the EPSDT benefit for children under age 21 within limitations.	Not covered for Adults, Covered under the EPSDT benefit for children under age 21 within limitations.	Yes	The contractor is required to cover medically necessary private duty nursing services for children under age 21 consistent with the Department's criteria described in the EPSDT Nursing Supplement.	The contractor shall cover private duty nursing services when medically necessary.  Private duty nursing services must be authorized.
Prescription Drugs	Yes	Yes	Yes	The MCO is required to cover prescription drugs, including those prescribed by a provider during a physician visit or other visit covered by a third party payor including Mental Health visits.	The MCO shall be responsible for covering all medically necessary drugs for its enrollees that by Federal or State law requires a prescription. The MCO shall cover all FAMIS covered prescription drugs prescribed by providers licensed and/or certified as having authority to prescribe the drug. The MCO is not required to cover Drug Efficacy Study Implementation (DESI) drugs or over the counter prescriptions. The MCO may establish a formulary, may require prior authorization on certain medications, and may implement a mandatory generic substitution program. However, the MCO shall have in place special authorization procedures to allow providers to access drugs outside of this formulary, if medically necessary. The MCO shall cover atypical antipsychotic medications developed for the treatment of schizophrenia. The MCO shall ensure appropriate access to the most effective means to treat, except where indicated for the safety of the patient. The MCO shall not cover prescriptions for erectile dysfunction medication for enrollees identified as having been convicted of felony sexual offenses.
Prostate Specific Antigen (PSA) and digital rectal exams	Yes	Yes	No	The MCO is required to cover screening Prostate Specific Antigen (PSA) and the related digital rectal exams (DRE) for the screening of male enrollees for prostate cancer.	<b>The MCO is not required to cover this service.</b>

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Prosthetics/ Orthotics	Yes	Yes	Yes	The MCO is required to cover prosthetics (arms and legs and their supportive attachments, breasts, eye prostheses) to the extent that they are covered under Medicaid. The MCO is required to cover medically necessary orthotics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program as described in 12VAC30-60-120.	The MCO shall cover prosthetic services and devices (at minimum, artificial arms, legs and their necessary supportive attachments) for all enrollees. At a minimum, the MCO shall cover medically necessary orthotics (i.e., braces, splints, ankle, foot orthotics, etc.) for enrollees. The MCO shall cover medically necessary orthotics for enrollees when recommended as part of an approved intensive rehabilitation program.
Prostheses, Breast	Yes	Yes	No	The MCO is required to cover breast prostheses following medically necessary removal of a breast for any medical reason.	<b>The MCO is not required to cover this service.</b>
Reconstructive Breast Surgery	Yes	Yes	No	MCO is required to cover reconstructive breast surgery.	<b>The MCO is not required to cover this service.</b>
Regular Assisted Living Services Provided to Residents of Assisted Living Facilities	Yes	No – see comments	No	<b>The MCO is not required to cover this service.</b> When appropriate, the Department will reimburse the Assisted Living Facility. Reference the DMAS Assisted Living Manual for details.	<b>The MCO is not required to cover this service.</b>
School Health Services	Yes	No – see comments	Yes	<b>The MCO is not required to cover school-based services.</b> School health services that meet the Department's criteria will continue to be covered as a carve-out service through the Medicaid/FAMIS Plus fee-for-service system. School-based services are defined under the DMAS school-based services regulations. The services are those therapy, skilled nursing, and psychiatric/psychological services as outlined in the IEP and rendered to children who qualify under the federal Individuals with Disabilities Education Act (IDEA). The MCO is responsible for covering EPSDT screenings for the general Medicaid/FAMIS Plus student population.	<b>The MCO is not required to cover this service</b> for special education students that include physical therapy, occupational therapy, speech language pathology, and skilled nursing services. The Department will reimburse these services.

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Skilled Nursing Facility Care	Yes	No	Yes	<b>The MCO is not required to cover skilled nursing facility care.</b> This service will be covered through the Medicaid fee-for-service system. Institutionalized individuals are excluded from Medallion II.	The MCO shall cover medically necessary services that are provided in a skilled nursing facility for up to 180 days per confinement.
Treatment Foster Care Case Management (TFC-CM) for children under age 21.	Yes	No*	No	<b>*DMAS authorization into TFC-CM will result in exclusion of the recipient from Medallion II. The TFC-CM provider must contact KePro for authorization.</b>	<b>Not a FAMIS covered benefit.</b>
Residential Treatment Facility Services (RTF) for children under age 21.	Yes	No*	No	<b>*DMAS authorization into a RTF will result in exclusion of the recipient from Medallion II. The RTF provider must contact KePro for authorization.</b>	<b>Not a FAMIS covered benefit.</b>
Temporary Detention Orders (TDOs)	Yes	Yes	No	The MCO is required to provide, honor, and be responsible for all requests for payment of services rendered as a result of a TDO for Mental Health Services.	<b>The MCO is not required to cover this service.</b>
Transportation	Yes	Yes	No	The MCO is required to provide transportation to all Medicaid/FAMIS Plus covered services, including those Medicaid/FAMIS Plus services covered by a third party payor, and transportation to carved out services such as abortions and to services provided by subcontractors such as dental. <i>EXCEPTION - Transportation to Home and Community Based Waiver Services is carved-out of the MCO Contract and covered by DMAS.</i>	<b>Transportation services are not provided for routine access to and from providers of covered medical services.</b>

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Vision Services	Yes	Yes	Yes	The MCO is required to cover vision services including diagnostic examination and optometric treatment procedures and services by ophthalmologists, optometrists and opticians. The MCO is also required to cover eyeglasses under age 21. The MCO's benefit limit for routine refractions shall not be less than once every twenty-four (24) months.	The MCO shall cover vision services that are defined as diagnostic examination and optometric treatment procedures and services by ophthalmologists, optometrists, and opticians. Routine refractions shall be allowed at least once in twenty-four (24) months. Routine eye examinations, for all enrollees, shall not be limited to less than once every two-(2) years. The MCO shall cover eyeglasses (one pair of frames and one pair of lenses) or contact lenses prescribed as medically necessary by a physician skilled in diseases of the eye or by an optometrist for enrollees. Benefit Maximums: <div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;"> Eyeglass Frames                 \$25  Eyeglass Lenses     Single Vision     \$35     Bifocal                 \$50     Trifocal                 \$88.50     Contacts                 \$100 </div> </div>
Well Baby and Well Child Care	Yes	Yes	Yes	See Early and Periodic Screening Diagnosis and Treatment (EPSDT).	The Contractor shall cover routine well baby and well childcare including routine office visits with health assessments and physical exams, as well as routine lab work and age appropriate immunizations.  The following services rendered for the routine care of a well child: Laboratory services: blood lead testing, HGB, HCT or FEP (maximum of 2, any combination); Tuberculin test (maximum of 3 covered); Urinalysis (maximum of 2 covered); Pure tone audiogram for age 3-5 (Maximum of 1); Machine vision test (maximum of 1); Well child visits rendered at home, office and other outpatient provider locations are covered at birth and months 1, 2, 4, 6, 9, 12, 15, 18 and covered at ages 2, 3, 4, 5, 6, 8, 10, 12, 14, 16, 18. Hearing services: all newborn infants will be given a hearing screening before discharge from the hospital after birth.
Inpatient Mental Health Services Rendered in a Freestanding Psychiatric Hospital	Yes	Yes	No	The MCO is required to cover medically necessary inpatient psychiatric hospital stays for covered individuals over age sixty-four (64) or under age twenty-one (21).	<b>The MCO is not required to cover this service.</b> The MCO is not required to cover any services rendered in freestanding psychiatric hospitals to enrollees up to nineteen (19) years of age. Medically necessary inpatient psychiatric services rendered in a psychiatric unit of a general acute care hospital shall be covered for all FAMIS enrollees within the limits of coverage prescribed in the FAMIS plan and State regulations.

Medicaid Fee-For-Service (Including MEDALLION), Medallion II (Medicaid MCO), & FAMIS MCO Covered Services					
Service	Medicaid FFS FAMIS Plus FAMIS MEDALLION	Medallion II MCO (Medicaid & FAMIS Plus)	FAMIS MCO	Medicaid Medallion II Comments	FAMIS MCO Comments
Inpatient Mental Health Services Rendered in a Psychiatric Unit of a General Acute Care Hospital	Yes	Yes	Yes	Medically necessary inpatient psychiatric care rendered in a psychiatric unit of a general acute care hospital shall be covered for all enrollees, regardless of age, within the limits of coverage prescribed in 12 VAC 30-50-105.	<p>Inpatient mental health services are covered for up to 30 days per calendar year, including partial day treatment services. Inpatient hospital services may include room, meals, general-nursing services, prescribed drugs, and emergency room services leading directly to admission.</p> <p>The MCO shall not cover any services rendered in freestanding psychiatric hospitals to enrollees up to nineteen (19) years of age. Medically necessary inpatient psychiatric services rendered in a psychiatric unit of a general acute care hospital shall be covered for all FAMIS enrollees within the limits of coverage prescribed in the FAMIS plan and State regulations. All inpatient mental health admission for individuals of any age to general acute care hospitals shall be approved by the MCO using its own prior authorization criteria.</p>
Inpatient Mental Health Services Rendered in a State Psychiatric Hospital	Yes	No – See comments	No	<b>The MCO is not required to cover this service.</b> Individuals who are admitted to a State Mental Hospital will be excluded from participating in Medallion II. Services rendered in State Mental Hospitals are covered through the Medicaid fee-for-service system in accordance with DMAS guidelines.	

Medicaid Fee-For-Service (Including MEDALLION), Medallion II (Medicaid MCO), & FAMIS MCO Covered Services					
Service	Medicaid FFS FAMIS Plus FAMIS MEDALLION	Medallion II MCO (Medicaid & FAMIS Plus)	FAMIS MCO	Medicaid Medallion II Comments	FAMIS MCO Comments
Outpatient Mental Health Services (Includes Private and Clinic Service Providers)	Yes	Yes	Yes	<p>The MCO is responsible for covering outpatient mental health services. <b>The benefit maximum for adults in the first year of treatment shall not be less than 52 visits</b> and 26 visits per year following the first year of treatment. For children under age 21 the benefit maximum is based upon medical necessity. Covered services include:</p> <p>Psychiatric diagnostic examinations, individual, group and family psychotherapy, electroconvulsive therapy, psychological / neuropsychological testing, and pharmacological management.</p>	<p>The MCO is responsible for covering outpatient mental health and substance abuse clinic services. Psychiatric and substance abuse services are limited to no more than a combined total of 50 medically necessary visits for treatment with a licensed mental health or substance abuse professional each calendar year. Inpatient and outpatient services may include diagnostic services; mental health services including: detoxification, individual psychotherapy, group psychotherapy psychological testing, counseling with family members to assist in the patient's treatment and electroconvulsive therapy.</p>
Substance Abuse Services - Outpatient	Yes	Yes	Yes	<p>The MCO is required to cover outpatient substance abuse treatment services including assessment and evaluation and treatment services for Medicaid/FAMIS Plus enrollees. Note that residential treatment and day treatment substance abuse services for pregnant women are covered under the SPO services listed below.</p>	<p><u>Inpatient</u> substance abuse services in a substance abuse treatment facility are covered for up to 90 days per enrollee (maximum lifetime benefit.)</p> <p>The MCO is responsible for covering <u>outpatient</u> mental health and <u>substance abuse</u> clinic services. Psychiatric and substance abuse services are limited to no more than a combined total of 50 medically necessary visits for treatment with a licensed mental health or substance abuse professional each calendar year. Inpatient and outpatient services may include diagnostic services; mental health services including: detoxification, individual psychotherapy, group psychotherapy psychological testing, counseling with family members to assist in the patient's treatment and electroconvulsive therapy.</p>

<b>Medicaid Fee-For-Service (Including MEDALLION), Medallion II (Medicaid MCO), &amp; FAMIS MCO Covered Services</b>					
<b>Service</b>	<b>Medicaid FFS FAMIS Plus FAMIS MEDALLION</b>	<b>Medallion II MCO (Medicaid &amp; FAMIS Plus)</b>	<b>FAMIS MCO</b>	<b>Medicaid Medallion II Comments</b>	<b>FAMIS MCO Comments</b>
Community MH and MR SPO Services.	Yes	No – see comments	Yes	The MCO must provide information and referrals as appropriate to assist recipients in accessing these services. The MCO is required to cover transportation to and from SPO services and prescription drugs prescribed by the outpatient mental health provider.	The MCO must provide information and referrals as appropriate to assist recipients in accessing these services. The MCO is required to cover medically necessary prescription drugs prescribed by the outpatient mental health provider.  Transportation is not a FAMIS covered benefit.
Substance Abuse Services - Residential and Day Treatment for Pregnant Women.	Yes	No – see comments	Yes*	The MCO must provide information and referrals as appropriate to assist recipients in accessing these services. The MCO is required to cover transportation to and from SPO services and prescription drugs prescribed by the outpatient mental health provider.	*See Substance Abuse Services above.
Substance Abuse Services – Crisis Intervention, Intensive Outpatient, Day Treatment, Opioid Treatment, and Case Management	Yes	No – see comments	Yes	The Department shall cover emergency services (crisis), intensive outpatient, day treatment and SA Case management. Transportation and pharmacy services necessary for the treatment of substance abuse services including carved out services are the responsibility of the MCO.	See Substance Abuse Services – Outpatient above.

## 26. Guide to Accessing Medallion II (MCO) Carved-Out Services

Carved-Out Service	Comments	Contact
Community Mental Health Rehabilitation, Mental Retardation, and Substance Abuse Treatment Services and Case Management For Recipients Receiving Community Mental Health and Mental Retardation Services.	MCOs must cover transportation to community mental health rehabilitation services.	Local Community Service Board (CSB)
School Health Services which consist of: <ul style="list-style-type: none"> <li>Special education services including PT, OT, and speech evaluations and therapies provided as part of a child's individual education plan (IEP)</li> <li>EPSDT health screenings provided in school-based health clinics</li> <li>Skilled Nursing Services required as part of the child's IEP.</li> </ul>	DMAS reimburses the school system for some of these services under the school based services program in accordance with DMAS program guidelines.	Child's School or Local School System
Environmental Investigations to determine sources of lead contamination. The MCO must cover blood lead testing as part of EPSDT screening.	Child must have elevated blood lead level	Local Health Department
Targeted Case Management for elderly (age 60 and over) needing assistance in 2 or more activities of daily living such as bathing, dressing, toileting, transferring, continence, or eating.		Local Area Agency on Aging
Case Management Services for recipients of auxiliary grants in adult care residences		Local Department of Social Services (DSS)
Abortion Services	Medicaid will only pay if mother's health or life is endangered.	Direct requests for these procedures to: Moses N. Adiele, M.D., Medical Director, DMAS Medical Support Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219; Phone: 804-786-8056; Fax - 804-786-0414.
Dental Services - <i>Smiles For Children</i> is the dental program for children enrolled in Medicaid, FAMIS or FAMIS Plus. Limited medically necessary diagnostic and oral surgery services are covered for adults. <a href="http://www.dmas.virginia.gov/dental-home.htm">http://www.dmas.virginia.gov/dental-home.htm</a>	<b>Children under the age of 21: Comprehensive</b> dental benefits. <b>Adults 21 and over:</b> Limited medically necessary diagnostic/oral surgery services.	1-888-912-3456 (Providers or Members) <b>Website:</b> <a href="http://www.dmas.virginia.gov/dental-home.htm">http://www.dmas.virginia.gov/dental-home.htm</a> . Links to: Enrollee Information, Dental Provider Information, Smiles for Children Contract, and Locate a Dentist.
Personal Care Services	Medicaid will pay under EPSDT if medically necessary.	Medicaid EPSDT Coordinator Brian Campbell 804-786-0342
Specialized Infant Formula for children under age 21. <i>Note: Enteral supplies</i> and equipment are paid through the MCO.	Available through VDH WIC clinics and FFS DME vendors	Local Department of Health, FFS DME vendors. See DME Provider Manual for criteria and coverage requirements.
Early Intervention Services -	EI services for fee-for-service children and for children who are enrolled in a contracted MCO are covered by DMAS within DMAS coverage criteria and guidelines. Early intervention billing codes and coverage criteria are described in the DMAS Early Intervention Program Manual, on the DMAS website at <a href="http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx">http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx</a> .	For information on EI Provider Certification – Contact the Infant & Toddler Connection at 804-786-3710 or visit: <a href="http://www.infantva.org/Contactus.htm">www.infantva.org/Contactus.htm</a>  For information on EI service referrals, visit: <a href="http://www.infantva.org/documents/pr-Referral_Guide.pdf">http://www.infantva.org/documents/pr-Referral_Guide.pdf</a>  For information on enrolling as a DMAS EI Provider – Contact DMAS Provider Enrollment at 1-888-829-5373 or visit: <a href="http://www.dmas.virginia.gov/search.asp?Userid=2&amp;type=8">http://www.dmas.virginia.gov/search.asp?Userid=2&amp;type=8</a>